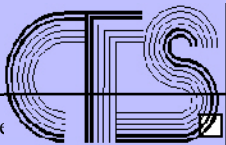
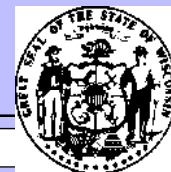


State of Wisconsin
Barbering & Cosmetology
License Application



Please type or print in ink



1	At <input checked="" type="checkbox"/> Electrologist <input type="checkbox"/> Manager <input type="checkbox"/> Manicurist <input type="checkbox"/> Practitioner	2	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> Exam Date 1st Choice Exam Date 2nd Choice	4	Fee: \$ <input type="text"/>
	Instructor: <input type="text"/>	3	<input type="text"/> <input type="text"/> Exam Location Exam Location	5	<input type="checkbox"/> Certified Check or Money Order <input type="checkbox"/> Temporary Permit Requested Only Practitioner / Manicurist / Aesthetician / Electrology
6	Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/>				
7	Name <input type="text"/> Last <input type="text"/> First <input type="text"/> Initial <input type="text"/>				
8	Mailing Address <input type="text"/> Street Number and Name or P.O. Box <input type="text"/> City <input type="text"/> State or country Zip Code <input type="text"/>				
9	Maiden or former surname(s) (IF Any): <input type="text"/>				
10	Daytime telephone where you may be reached: area code (<input type="text"/>) <input type="text"/> - <input type="text"/>				
11	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year				
12	School Name <input type="text"/> City <input type="text"/>	13	School Code <input type="text"/> (See instructions) Apprentice indicate 00029	14	Graduation/Completion Date <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year
15	Have you ever taken this examination in Wisconsin? Yes <input type="checkbox"/> No <input type="checkbox"/>				
16	If you have a Professional license number from Wisconsin, list the license type and number below <input type="text"/>				
17	How do you describe yourself? (optional) (See page 2 of Candidate Guide) 1. White, not of Hispanic Origin <input type="checkbox"/> 2. Black, not of Hispanic Origin <input type="checkbox"/> 3. Hispanic <input type="checkbox"/> 4. American Indian or Alaskan <input type="checkbox"/> 5. Asian or Pacific Islander <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. I prefer not to respond <input type="checkbox"/>		18 Modification/Language Option Special arrangement for ADA Candidates Spanish Language Exam (Practitioner Only) Milwaukee Site Only <input type="checkbox"/>		
19	PERSONALLY IDENTIFIABLE INFORMATION: <input type="checkbox"/> Check if you do not want your name and address disclosed on any list of 10 or more individuals furnished to another person by CTS.				

< Continue Application on Back >

Mail completed form with fee(s) to:

Wisconsin Barbering & Cosmetology Exams
Continental Testing Services, Inc.
P.O. Box 100
LaGrange, Illinois 60525-0100

CONTINENTAL TESTING SERVICES USE ONLY:

INITIALS

20 STATEMENT OF ARREST OR CONVICTION**YES NO**

- A. Have you ever been convicted of a misdemeanor or a felony, or are criminal charges currently pending against you? If yes, attach form #2222. ☐ ☐
- B. Have you ever surrendered, resigned, canceled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency. ☐ ☐
- C. Has any licensing or credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action. ☐ ☐
- D. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action. ☐ ☐
- E. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition. ☐ ☐
- F. Do you currently hold, or have you in the past, held any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? ☐ ☐

If yes, what type of credential

If in another name, what name

Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the board is subject to sec. 111.321, 111.322 and 111.335, Stats., the applicant presents evidence satisfactory to the examining board that the applicant has not been convicted of a felony committed while engaged in the practice of barbering or cosmetology.

21 CANDIDATE CERTIFICATION AND WAIVER

I state that I am the person referred to on this application and that all the answers set forth are strictly true in each respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential or other disciplinary action. I agree that if for any reason my examination papers or results are unavailable, an examination is not held, or my application is denied, any claim I may have shall be limited to the amount of the examination fee. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Barbering and Cosmetology Examining Board or the Department of Regulation and Licensing will be cause for disciplinary action.

Signature of Applicant_____
Date

Application Addendum

CONVICTIONS AND PENDING CHARGES

(You must complete this form if you checked "Yes" in response to any of the application questions on convictions or pending charges.)

Your application states that you have been convicted of a crime, or that criminal charges are pending against you. The Fair Employment Act (sections 111.31 through 111.395 of the Wisconsin Statutes) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest "substantially relate to the circumstances of the particular job or licensed activity". The information requested in this form will be used to determine whether your application should be granted, approved with limitations, or denied. This form must be signed and notarized. The information you provide in this form may be verified against criminal information records, and an omission of information on this form will be considered a false statement on an application.

For questions, contact **Bureau of Business & Design Professions** at (608) 266-0609.

(Hearing or speech impaired only: TTY# (608) 267-2416; TRS# 1-800-947-3529).

Please Type or Print in Ink

Type of Credential: _____

Name: _____ Date of Birth: _____

Address: _____

Race*: _____ Sex*: _____ Social Security Number**: _____

*This information is necessary to check criminal information records. **This information helps us but is voluntary.

1. List any other names you have ever used, especially any names under which you have been arrested:

2. List all felonies, misdemeanors, traffic crimes and other violations of state or federal law of which you have ever been convicted, in this or any other state, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date of conviction, the location of the court (county and state) and the complete sentence received (fine, imprisonment, probation, etc.). Do not include municipal ordinance violations or traffic offenses, except: include convictions for any offenses involving alcohol or drug use, especially convictions for operating a motor vehicle while intoxicated (DWI, DUI, etc.). Attach another sheet if necessary.

Offense	Date	Location	Sentence

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment, or counseling program? ____ Yes ____ No.

4. If you answer to the above is "yes", did you successfully complete the program? ____ Yes ____ No
When? _____ What evidence can you provide that you successfully completed the program?
(Attach certificate of completion or provide name and address of agency for verification.)

- OVER -

Committed to Equal Opportunity in Employment and Licensing

5. Have you ever been sentenced to probation, been placed on parole, or been ordered to pay restitution?

_____ Yes _____ No

6. If your answer to the above is "yes", did you successfully complete probation or parole, or make restitution as ordered? _____ Yes _____ No When? _____

List the name(s), address(es) and phone number(s) of any probation or parole officer(s) presently or previously assigned to you or your case(s):

7. List all felonies, misdemeanors, traffic crimes and other violations of state or federal law for which you have been arrested and which are pending. For each, list the date of arrest, the location of the court (county and state), and the current status of the charge. Attach another sheet if necessary.

Offense	Date	Location	Current Status
---------	------	----------	----------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Give any explanation you feel necessary with regard to your convictions or pending charges. Attach another sheet if necessary. _____

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of any credential granted to me, or criminal prosecution.

Signature

Date

Signed and sworn to before me this _____ day of _____, 20____

Signature of Notary Public

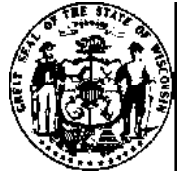
SEAL

My commission (expires _____) (is permanent).

**State of Wisconsin
DEPARTMENT OF REGULATION AND LICENSING
P.O. BOX 8935, MADISON, WI 53708-8935**



STATE OF WISCONSIN
DEPARTMENT OF REGULATION AND LICENSING
BARBERING AND COSMETOLOGY EXAMINING BOARD



CERTIFICATION OF TRAINING

This certification must be completed by a Wisconsin licensed instructor at a Wisconsin licensed barbering and cosmetology school or specialty school or Wisconsin Technical College to certify completion of training as a student or apprentice or of theory hours for the manager or instructor examination. This certification does not need to be completed if submitting proof of 4,000 hours of professional experience for the manager examination.

I do hereby certify that _____ has graduated on _____
(Applicant's Name) (Date)

from a course of instruction _____ which consists of _____
(Type of Training) (Hours)

hours of training and complies with Sec. 454.06 or 440.63, Wis. Stats. and Chapter BC 5 or BC 6, or RL65.03, Wis. Adm. Code.

I, _____, a certified instructor, under the penalties of perjury, declare the foregoing statements are true to the best of my knowledge and belief, and that I personally signed this statement.

Instructor Signature

Instructor
Certificate
Number

--

School Name: _____

Address: _____

City, State, Zip Code: _____

(SCHOOL SEAL)



STATE OF WISCONSIN
DEPARTMENT OF REGULATION AND LICENSING
BARBERING AND COSMETOLOGY EXAMINING BOARD



APPRENTICE TRAINING RECORD CERTIFICATION

This certification must be completed if the applicant completed the required training as an apprentice. The certification must be completed by the manager of record in the establishment where the apprenticeship was served.

I do hereby certify that _____ Permit # _____
(Applicant's Name)

was trained as an apprentice at this establishment under my supervision

from _____ to _____ for a total of _____ hours.

I, _____, Manager of Record, under the penalties of perjury, declare the foregoing statements are true to the best of my knowledge and belief, and that I personally signed this statement.

Manager
Certificate
Number

Signature

Date

LICENSED BARBERING & COSMETOLOGY ESTABLISHMENT

NAME: _____

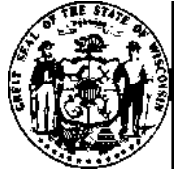
ADDRESS: _____

CITY, STATE, ZIP CODE: _____

ESTABLISHMENT LICENSE #: _____



STATE OF WISCONSIN
DEPARTMENT OF REGULATION AND LICENSING
BARBERING AND COSMETOLOGY EXAMINING BOARD



EMPLOYMENT VERIFICATION
FOR INSTRUCTOR OR MANAGER APPLICANTS

APPLICANT NAME

APPLICANT WISC. LICENSE TYPE AND NUMBER

I certify that the applicant named above was employed under my supervision

from _____ to _____ for a total of _____ hours. I also certify that no hours earned on a temporary permit or as an apprentice are included and that only hours worked after the date the applicant's license was granted are included.

This Employment Verification is intended for (check one):

Instructor Examination ☐

Manager Examination ☐

I, _____, Manager of Record, under the penalties of perjury, declare the foregoing statements are true to the best of my knowledge and belief, and that I personally signed this statement.

Manager
Certificate
Number

Signature

Date

LICENSED BARBERING & COSMETOLOGY ESTABLISHMENT

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

ESTABLISHMENT LICENSE #:

Proper completion of this form is required for processing the application. Any alterations will make this form void.